## Georgia Department of Agriculture 19 Martin Luther King, Jr. Drive, S.W. Equine Health Section Atlanta, Georgia 30334

## **RELEASE**

I,	, being eighteen years or older and
(PRINT NAM	
physically able to perfor procedures established	n the activities covered by this Release, agree to follow all policies and by the Georgia Department of Agriculture (GDA), Equine Health
Section, while serving as	a volunteer at either GDA Impound Facility.
limited to, grievous bod I have been informed responsible for taking a own personal animals. working with and aroun indemnify the Georgia from any liability or res	stand the risks inherent in all horse-related activities, including but not y injury and extensive physical harm. Additionally, I acknowledge that of the potential spread of contagious diseases, and shall be solely appropriate precautions to prevent the spread of any contagion to my fin consideration, therefore for the privilege of volunteering and/or horses at any GDA Impound Facility, I agree to hold harmless and epartment of Agriculture and its employees and further release them consibility for accident, damage to me or my property, injury, or illness mals except as provided in O.C.G.A. §4-12-3(b).
I have read the following	warning: WARNING
PROFESSIONAL IS PARTICIPANT IN I RISKS OF EQUINE A	LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINIOT LIABLE FOR AN INJURY TO OR THE DEATH OF A QUINE ACTIVITIES RESULTING FROM THE INHERENT CTIVITIES, PURSUANT TO CHAPTER 12, TITLE 4 OF THIS GEORGIA, ANNOTATED.
only those activities that directed to perform an a	It I have received a copy of O.C.G.A. §4-12-1-5 and that I can perform I have the ability to engage in safely. At any time that I am asked of tivity that I believe I cannot perform safely to the animal or myself, the person who asked or directed me to perform the activity of myself.
	Signature:
	Date:
	Print Name:
	Address